SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998				Secretary of State DIVISION OF CORPORATIONS				IONS		Secretary of State		
1. Corporati	JMENT : ion Name ANTIQUES,	1 3	7000	0061	49 (5)							
I MIIO	AITTIMOLO,	110.										
Principal Pla	ce of Business			Mailing	Address				-		BOTTL OÁISA BILDS HÁSH BIÐSÐ 1811 (80)	
PH II				PH II								
9350 S. DIXIE HIGHWAY MIAMI FL 33156			9350 S. DIXIE HIGHWAY MIAMI FL 33156						DO NOT WRITE IN	TUIO ADAOC		
MINMI (1 UVIJU				MINNI F	minmi te satu					DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE	
										11/20/1997		
2. Principal	Place of Busine		2a. Mailing Address					4. FEI Number	Applied For			
21 4781 NW 73 Court				26	26 #481 NW 43 COURT					65-0782967	Not Applicable	
Suite, Apt. #, etc.				Suit	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22				27						5. Certificate of Status Desireo	Fee Required	
City & Sta	THAT		Mens	28 7	1,1,1	WRI				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
zip 33	166	Country	USA	Zipe	33166	Cor	intry	USA		8. This corporation owes or has paid the	J 1	
24 00	9 Name a	<u> </u>	s of Current	29 Registered	(Agent	30	r	-101-1		Personal Property Tax due June 30.	Yes No	
MII	NE, ROBERT		os or ourient	registered	Agent		81	Name		10. Name and Address of New Registe	red Agent	
PH II												
9350 S. DIXIE HIGHWAY							82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33156							83	-			-	
							84	City	FL 85 Zip Code			
11. Pursuar	nt to the provisio	ns of section	ons 607.0502	and 607.150	08, Florida Statut	es, the ab	ove-	named o	corporal	ion submits this statement for the number	of changing its registered	
onice or	r regis tere a ager	n, or both,	in the State of	ol Florida. Si	uch change was tion 607.0505, Fl	authorize	Jbν	the cord	ooration	's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE												
40	Signature, typed or p						red A	gent signatu	ure require	d when reinstaling) DA		
12.	PSC	Or	FICERS AND	DIRECTOR	CS DELETE	13.			Toc	ADDITIONS/CHANGES TO OFFICER		
NAME	PEREIRA, A	LAIN			LAN DELETE	1.2 NA			PS	EREIRA. ALAIN	Change Addition	
STREET ADDRESS	COEA C DIV		NAY. PH II					3 STREET ADDRESS		SINW 73 COURT		
CITY-ST-ZIP	MIAMI FL 33156						CITY-ST-ZIP		77	ATTI FLORIDA 33166		
TITLE	S				DELETE	2.1 717		- <u>Z</u> IF				
NAME .	MILNE, ROE	BERT A			DES DECEME	2.2 NA					Change Addition	
STREET ADDRESS	DATA A DIV		VAY, PH II				3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 3		,			2.4 CIT					:	
TITLE					DELETE	3.1 TIT				- 44	Change Addition	
NAME						3.2 NA	ME				Custigo [] Moditoti	
STREET ADDRESS						3.3 ST	REET	ADDRESS			·	
CITY-ST-ZIP						3.4 CIT	Y-ST-	ZIP				
TITLE					DELETE	4.1 TIT	LE		İ		Change Addition	
NAME						4.2 NA	ME				Carlo	
STREET ADDRESS						4.3 STF	EET/	ADDRESS				
CITY-ST-ZIP		4				4,4 CIT	Y-ST-	ZIP				
TITLE					DELETE	5.1 TIT	.E				Change Addition	
NAME						5.2 NA	JΕ		ĺ			
STREET ADDRESS						5.3 STF	EETA	ADDRESS				
City-St-ZIP			···			5.4 CIT	Y-\$T-	ZIP	<u> </u>			
TITLE					DELETE	6.1 TIT	.E				Change Addition	
NAME						6.2 NA	ΛE					
STREET ADDRESS	!					6.3 STF	EET A	ADDRESS				
	i											

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

9.23.1998

FILED

Sep 30 1998 8:00am